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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy CourtDistrict of New Jersey

| In re | Michael L Jenio, | | Case No | 15-24961 |
|-------|--------------------|---------|---------|----------|
| | Alexis Perez Jenio | | | |
| • | | Debtors | Chapter | 13 |
| | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 7,640.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 36,800.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 21 | | 266,192.36 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 7,141.16 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 6,930.00 |
| Total Number of Sheets of ALL Schedu | ıles | 35 | | | |
| | T | otal Assets | 7,640.00 | | |
| | | | Total Liabilities | 302,992.36 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court District of New Jersey

| In re | Michael L Jenio, | | Case No | 15-24961 | |
|-------|--------------------|---------|---------|----------|--|
| | Alexis Perez Jenio | | | | |
| _ | | Debtors | Chapter | 13 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 36,800.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 61,343.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 98,143.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 7,141.16 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 6,930.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 9,586.74 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
|--|-----------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 28,500.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 8,300.00 |
| 4. Total from Schedule F | | 266,192.36 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 274,492.36 |

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B6A (Official Form 6A) (12/07)

| In re | Michael L Jenio, | Case No. | 15-24961 |
|-------|--------------------|----------|----------|
| | Alexis Perez Jenio | | |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's
Interest in Property

Husband,
Wife,
Joint, or
Community

Deducting any Secured
Claim or Exemption

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

Amount of

Secured Claim

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B6B (Official Form 6B) (12/07)

| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 1. | Cash on hand | X | | 23mmumty | Zee and Calm of Exemption |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or | | TD Bank Checking Account XXXXXX4985 (Closed a filing of Petition) | t J | 0.00 |
| | shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit | | TD Bank Standard Savings ending in #278 | J | 40.00 |
| | homestead associations, or credit unions, brokerage houses, or cooperatives. | | Jenio Reporting LLC TD Bank Business Checking Accounts XXXXXX7242 | W | 3,000.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | | Personal possessions | J | 3,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Personal clothing | J | 500.00 |
| 7. | Furs and jewelry. | | Gold earrings and costume jewelry | J | 300.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrander or | | Term life insurance through employment; no cash value | Н | 0.00 |
| | policy and itemize surrender or refund value of each. | | Term life insurance through husband's employment; no cash value | W | 0.00 |
| 10. | Annuities. Itemize and name each issuer. | X | | | |
| | | | | | |
| | | | | | |

2 continuation sheets attached to the Schedule of Personal Property

6,840.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Michael L Jenio, | |
|-------|--------------------|--|
| | Alexis Perez Jenio | |

Case No. **15-24961**

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|---------------------------|-------|
| Deb | TOTO |
| $\mathbf{p}_{\mathbf{u}}$ | tOI : |

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | Х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | Sharebuilder Roth IRA; non-estate property pursuant to Sec. 541 | W | Unknown |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | I | Jenio Reporting Services, LLC. Business has no liquid value as it is used by debtor-wife for reporting services income. | W | 0.00 |
| | | | Atelier de Cru Jewelry Business (not operating); no cash value | W | 800.00 |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | | Debtor-wife has a potential claim for libel and/or slander relating to pre-petition injury. | W | Unknown |
| | | | | Sub-Tota of this page) | al > 800.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Michael L Jenio, |
|-------|--------------------|
| | Alexis Perez Jenio |

| Case No. | 15-24961 | |
|----------|----------|--|
| | | |

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | (Continuation Sheet) | | |
|---|------------------|--------------------------------------|---|---|
| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilation containing personally identifiable information (as defined in 11 U.S.C § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | 2. | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, an supplies used in business. | d X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | x | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed | . X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | d X | | | |
| | | | Sub-Tota | al > 0.00 |
| | | (To | otal of this page) Tot | al > 7,640.00 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Michael L Jenio, | Case No. | 15-24961 |
|-------|--------------------|----------|----------|
| | Alexis Perez Jenio | | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|--|
| (Check one box) | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted |
| ■ 11 U.S.C. §522(b)(2) | with respect to cases commenced on or after the date of adjustment.) |
| \Box 11 U.S.C. 8522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|---|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, (TD Bank Checking Account XXXXXX4985 (Closed at filing of Petition) | Certificates of Deposit 11 U.S.C. § 522(d)(5) | 0.00 | 0.00 |
| TD Bank Standard Savings ending in #278 | 11 U.S.C. § 522(d)(5) | 40.00 | 40.00 |
| Jenio Reporting LLC TD Bank Business Checking Accounts XXXXXX7242 | 11 U.S.C. § 522(d)(5) | 3,000.00 | 3,000.00 |
| <u>Household Goods and Furnishings</u> Personal possessions | 11 U.S.C. § 522(d)(3) | 3,000.00 | 3,000.00 |
| Wearing Apparel Personal clothing | 11 U.S.C. § 522(d)(3) | 500.00 | 500.00 |
| <u>Furs and Jewelry</u> Gold earrings and costume jewelry | 11 U.S.C. § 522(d)(4) | 300.00 | 300.00 |
| Interests in Insurance Policies Term life insurance through employment; no cash value | 11 U.S.C. § 522(d)(7) | 0.00 | 0.00 |
| Term life insurance through husband's employment; no cash value | 11 U.S.C. § 522(d)(7) | 0.00 | 0.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension (Sharebuilder Roth IRA; non-estate property pursuant to Sec. 541 | or Profit Sharing Plans 11 U.S.C. § 522(d)(12) | 0.00 | Unknown |
| Stock and Interests in Businesses Jenio Reporting Services, LLC. Business has no liquid value as it is used by debtor-wife for reporting services income. | 11 U.S.C. § 522(d)(5) | 0.00 | 0.00 |
| Atelier de Cru Jewelry Business (not operating); no cash value | 11 U.S.C. § 522(d)(5) | 800.00 | 800.00 |
| Contingent and Non-contingent Interests in Estate Debtor-wife has a potential claim for libel and/or slander relating to pre-petition injury. | of a <u>Decedent</u> 11 U.S.C. § 522(d)(5) | 0.00 | Unknown |

| Total: | 7.640.00 | 7.640.00 |
|--------|----------|----------|
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | | |

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CDEDITODIC NAME | C | Hu | sband, Wife, Joint, or Community | C | U | D | AMOUNT OF | |
|--|-----------------|-------------|--|---------------|------------|----------|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A M | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONFINGENT | ロヨーマローロロ | DISPUTED | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. | | | | Т | T E | | | |
| | | | Value \$ | | D | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | Щ | | Ц | | |
| continuation sheets attached | | | S (Total of th | ubto nis p | | | | |
| | | | (Report on Summary of Sc | | ota ule | | 0.00 | 0.00 |
| | | | ` . | | | ′ L | | |

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B6E (Official Form 6E) (4/13)

| In re | Michael L Jenio, | Case No | <u> 15-24961</u> |
|-------|--------------------|---------|------------------|
| | Alexis Perez Jenio | | |

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

eled

| Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box lab "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled t priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|---|
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ■ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. \S 507(a)(10). |
| |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Michael L Jenio, | | Case No. | 15-24961 |
|-------|--------------------|---------|----------|----------|
| | Alexis Perez Jenio | | | |
| - | | Debtors | | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2012, 2013, 2014 Account No. Internal Revenue Service (IRS) 5,500.00 **Department of Treasury** P.O. Box 7346 J Philadelphia, PA 19101-7346 25,000.00 19,500.00 2012, 2013, 2014 Account No. State of New Jeresy Division of 2,800.00 **Taxation Revenue Processing Center** PO Box 111 Trenton, NJ 08645 11,800.00 9.000.00 Account No. Account No. Account No. Subtotal 8,300.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) 36,800.00 28,500.00 Schedule of Creditors Holding Unsecured Priority Claims Total 8,300.00 (Report on Summary of Schedules) 36,800.00 28,500.00

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B6F (Official Form 6F) (12/07)

| In re | Michael L Jenio, | | Case No | 15-24961 |
|-------|--------------------|---------|---------|----------|
| | Alexis Perez Jenio | | | |
| | | Debtors | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | C | Ηι | sband, Wife, Joint, or Community | C | U | D | |
|---|-----------------|----|---|----------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | Q U I | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxx3251 | | | Opened 2/26/08 Last Active 10/05/09 Educational | T | | | |
| Acs/bank Of America 501 Bleecker St Utica, NY 13501 | | w | | | D | | 0.00 |
| Account No. xxxxxxxx-xxx-4585 | \dashv | H | Collection - Medical Emergency Phy Assoc | + | t | | |
| Akron Billing Center 2620 Ridgewood Road STE 300 Akron, OH 44313 | | J | North Jersey | | | | 104.80 |
| Account No. xxxxxxxxxxxxx3593 American Express Po Box 3001 16 General Warren Blvd | | Н | Opened 11/01/89 Credit Card | | | | |
| Malvern, PA 19355 | | | | | | | 7,865.00 |
| Account No. xxxxxxxxxxxx1043 American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355 | | н | Opened 6/28/89 Credit Card | | | | |
| | | | | | | | 0.00 |
| 20 continuation sheets attached | • | | (Total of | Sub | | | 7,969.80 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | | |

| | С | <u></u> ⊔ | sband, Wife, Joint, or Community | 1. | | U | D | |
|---|-----|------------------|---|----|-----------|--------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | 0 0 | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | CONFLNGEN | N L | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxx-x2008 | | | Businss Credit Card | | ┖ | T E D | | |
| American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355 | | J | | | | D | | 9,274.77 |
| Account No. xxxxx1248 | | | Opened 2/01/13 | | | \dashv | | |
| American Honda Finance Po Box 168088 Irving, TX 75016 | | н | Lease | | | | | |
| | | | | | | | | 6,299.00 |
| Account No. xxxxxxx8939 American Medical Collection Agency PO Box 1235 Elmsford, NY 10523 | | J | Medical Collection | | | | | 128.46 |
| Account No. xxxxxxxxxxx6833 Amex Dsnb Po Box 8218 Mason, OH 45040 | | w | Opened 6/01/09 Credit Card | | | | | |
| Account No. xxxxxxxxxxxx9225 Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410 | | w | Opened 4/01/04 Last Active 10/03/08 Credit Card | | | | | 3,918.00 |
| | | | | | | | | 0.00 |
| Sheet no. <u>1</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | 1 | l | (Tota | | | otal page | - 1 | 19,620.23 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
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| _ | Alexis Perez Jenio | , |

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|---|----------|---------|--|------------|-----------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE | IM | COZH_ZGWZ | UNLLQULDATE | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx2782 | | | Opened 5/01/04 Last Active 4/24/07 | | Т | T E D | | |
| Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410 | | Н | Credit Card | | | D | | 0.00 |
| Account No. xxxxxxxxxxx771 | ╁ | | Opened 8/01/13 | | | | | |
| Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899 | | w | Credit Card | | | | | 2,122.00 |
| Account No. xxxxxxxxxxx3368 | ╀ | | Opened 8/01/14 | | | | | 2,122.00 |
| Bby/cbna 50 Northwest Point Road Elk Grove Village, IL 60007 | | н | Charge Account | | | | | 3,016.00 |
| Account No. xxxxxxxxxx5294 | ╁ | | Opened 9/01/08 | | | | | , |
| Bk Of Amer Po Box 982235 El Paso, TX 79998 | | J | Check Credit Or Line Of Credit | | | | | 20,115.00 |
| Account No. xxxxxxxxxxx1801 | ╁ | | Opened 9/01/05 Last Active 1/29/08 | | | | | 25, |
| Bk Of Amer Po Box 982235 El Paso, TX 79998 | | w | Credit Card | | | | | 0.00 |
| Sheet no. 2 of 20 sheets attached to Schedule of | - | _ | | S | ubt | ota | l. | 05 050 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (To | otal of th | is | pag | ge) | 25,253.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
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| _ | Alexis Perez Jenio | |

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|---|----------|------------------------|---|-----|------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | I S P U T E | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9558 | | | Opened 8/01/05 Last Active 3/28/07 | Т | E | | |
| Bk Of Amer Po Box 982235 El Paso, TX 79998 | | J | Credit Card | | | | 0.00 |
| Account No. xxxxxxxxxxx4831 | ╁ | | Opened 2/01/03 Last Active 10/03/08 | - | + | + | 1 |
| Bk Of Amer Po Box 982235 El Paso, TX 79998 | | J | Credit Card | | | | |
| | | | | | | | 0.00 |
| Account No. xxxxxxxxxxxxx2351 Cap1/bstby Po Box 5253 Carol Stream, IL 60197 | | w | Opened 1/01/03 Last Active 3/16/04 Charge Account | | | | 0.00 |
| Account No. xxxxxxxxxx7345 | ╁ | | Opened 10/31/04 Last Active 6/11/07 | | | + | |
| Cap1/levtz Po Box 30253 Salt Lake City, UT 84130 | | н | Charge Account | | | | 0.00 |
| Account No. xxxxxxx5028 | ╀ | | Opened 9/01/88 Last Active 8/10/01 | + | + | + | 0.00 |
| Cap1/neimn 26525 N Riverwoods Blvd Mettawa, IL 60045 | | w | Charge Account | | | | 0.00 |
| Sheet no. 3 of 20 sheets attached to Schedule of | | | | Sul | otot | al | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total | | | | 0.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| | Alexis Perez Jenio | |

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|---|----------|---------------|---|-----------|-------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu: H C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | Q U I | U T E | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxx6607 | | | Opened 11/08/04 Last Active 7/01/06 | T | DATED | | |
| Cap1/seamn 90 Christiana Road New Castle, DE 19720 | | w | Charge Account | | D | | 0.00 |
| Account No. xxxxxxxxxxxx1780 | | | Opened 3/01/95 | | | | |
| Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | | Н | Credit Card | | | | |
| | | | | | | | 11,878.00 |
| Account No. xxxxxxxxxxxx4262 Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | | w | Opened 8/01/02 Credit Card | | | | 6,263.00 |
| Account No. xxxxxxxxxxxx1979 | | | Opened 7/01/01 | | | | |
| Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | | w | Credit Card | | | | 5,674.00 |
| Account No. xxxxxxxxxxx4402 | \vdash | \vdash | Opened 12/01/88 Last Active 11/21/97 | + | | | , |
| Cbna Po Box 6283 Sioux Falls, SD 57117 | | н | Credit Card | | | | 0.00 |
| Sheet no. 4 of 20 sheets attached to Schedule of | | | | Subt | ota | ıl | 22.045.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | his | pag | ge) | 23,815.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| | 16 | 1 | should Mills I laint on Community | | _ | 11 | _ | |
|---|-----------------|---------|--|---------------|-----------|-------------|---------------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H W J C | band, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAII IS SUBJECT TO SETOFF, SO STATE. | И | COZH_ZGWZ | DZ1_QD_D∢⊢W | $D - \emptyset P \cup H \cup D$ | AMOUNT OF CLAIM |
| Account No. xxxx1000 | | | Medical | | Т | TE | | |
| Central Jersey Behavioral Health, LLC 216 North Ave. East Cranford, NJ 07016 | | н | | - | | D | | |
| | | | | | | | | 95.00 |
| Account No. xxxxxxxxxxxx1520 Chase Card | | | Opened 7/01/07 Last Active 9/30/11 Credit Card | | | | | |
| Po Box 15298 Wilmington, DE 19850 | | W | | | | | | |
| A | L | | On and 40/04/00 Least Aution 4/05/00 | | | | | 0.00 |
| Account No. xxxxxxxxxxxxx408 Chase Card Po Box 15298 Wilmington, DE 19850 | | w | Opened 12/01/08 Last Active 1/05/09 Credit Card | | | | | |
| | | | | | | | | 0.00 |
| Account No. xxxxxxxxxxx7165 | | | Opened 8/01/05 Last Active 3/25/08 Credit Card | | | | | |
| Chase Card Po Box 15298 Wilmington, DE 19850 | | w | | | | | | |
| Account No. xxxxxxxxxxx3723 | | | Opened 0/04/05 Leet Active 2/04/00 | | | | | 0.00 |
| Chase Card Po Box 15298 Wilmington, DE 19850 | | w | Opened 9/01/05 Last Active 2/01/09 Credit Card | | | | | |
| | | | | | | | | 0.00 |
| Sheet no. <u>5</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Tat: | Su l of th | | ota | | 95.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| | 10 | 1 | should Wife I bird on Opposite | | | | | |
|--|-----------------|------|---|----------|-------------|------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAII IS SUBJECT TO SETOFF, SO STATE. | И | ONTING | N L I QU I | | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx1154 | | | Opened 4/01/04 Last Active 8/25/08 | | Т | D I | | |
| Chase Card Po Box 15298 Wilmington, DE 19850 | | н | Credit Card | | | D | | 0.00 |
| Account No. xxxxxxxxxx4380 | \dashv | | Opened 10/01/08 Last Active 1/01/10 | - | + | + | + | 0.00 |
| Chase Card Po Box 15298 Wilmington, DE 19850 | | н | Credit Card | | | | | 0.00 |
| Account No. xxxxxxxx3045 | _ | | Opened 9/01/02 Last Active 3/22/03 | | _ | | _ | 0.00 |
| Chase-pier1 Chase Card Svcs/Attn:Bankruptcy Dept Po Box 15298 Wilmington, DE 19850 | | н | Credit Card | | | | | 0.00 |
| Account No. xxxxxxxx2918 | | | Opened 6/01/02 Last Active 1/10/04 | | 1 | | 1 | |
| Chase-pier1 Chase Card Svcs/Attn:Bankruptcy Dept Po Box 15298 Wilmington, DE 19850 | | w | Credit Card | | | | | 0.00 |
| Account No. xxxxx9158 | \dashv | F | Opened 2/01/13 Last Active 9/28/13 | | \forall | \dagger | \dashv | |
| Comenity Bank/New York & Company Attention: Bankruptcy P.O. Box 182125 Columbus, OH 43218 | | w | Charge Account | | | | | 0.00 |
| Sheet no. _6 of _20 sheets attached to Schedule | of | | | Su | bto | otal | + | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Tota | l of thi | | |) | 0.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| | С | Line | shand Wife Joint or Community | | Ιυ | D | T |
|---|----------|---------|---|-------------|-------------|-----------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COXFLXGEX | LQU | I S P U T | AMOUNT OF CLAIM |
| Account No. x6113 | | | Opened 10/01/87 Last Active 4/09/01 | Т | T E D | | |
| Comenity Bank/New York & Company Attention: Bankruptcy P.O. Box 182125 Columbus, OH 43218 | | w | Charge Account | | | | 0.00 |
| Account No. xxxxxxx93N1 | ┪ | | Med1 Emer Phy Assoc North Jerseypc | | | | |
| Comnwith Fin 245 Main St Dickson City, PA 18519 | | н | | | | | ca aa |
| Account No. xxxxxx-xxxIP-CD | ┢ | | | + | | | 62.00 |
| Cranford Diagnostic Imaging PA PO Box 3254 Indianapolis, IN 46206 | | J | | | | | 89.17 |
| Account No. xxxxxxxxxxxx9972 | ╁ | | Opened 2/01/08 | - | | | |
| Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 | | w | Credit Card | | | | 25,185.00 |
| Account No. xxxxxxxxxxxx1620 | \vdash | | Opened 12/01/06 | + | \vdash | | 23,163.00 |
| Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 | • | Н | Credit Card | | | | 20,858.00 |
| Chart no. 7 of 20 shorts attached to Cahadula of | | | | Cub | tota | <u></u> | 20,030.00 |
| Sheet no. 7 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 46,194.17 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | , |

| CREDITOR'S NAME, | Ç | Hu | sband, Wife, Joint, or Community | Co | U N | D | |
|--|-----------------|-------------|---|-----|------------|------------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | NLIQUIDATE | S P U T | AMOUNT OF CLAIN |
| Account No. xxxxxxxxxxxx9113 | | | Opened 8/01/04 Last Active 3/02/06 | Ť | T E | | |
| Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 | | J | Credit Card | | D | | 0,00 |
| Account No. xxxxxxxx2220 | | | Opened 8/01/11 Unsecured | | | | 0.00 |
| Discover Personal Loan Attention: Bankruptcy Po Box 30954 Salt Lake City, UT 84130 | | w | | | | | |
| • | | | | | | | 15,682.00 |
| Account No. xxxxxx4402 Dsnb Bloomingdales Macy's Bankruptcy Dept. Po Box 8053 Mason, OH 45040 | | w | Opened 7/05/00 Last Active 1/25/06 Charge Account | | | | 0.00 |
| Account No. xxxxxxxxx5020 | | | Opened 6/01/09 | + | H | | |
| Dsnb Macys 9111 Duke Blvd Mason, OH 45040 | | w | Charge Account | | | | 2,264.00 |
| Account No. xxxx-xxxx6329 | | | 10/9/2014 | | <u> </u> | | 2,204.00 |
| Emer Phy Assoc North Jersey PC PO Box 740021 Cincinnati, OH 45274 | | J | Medical | | | | 104.80 |
| Sheet no. 8 of 20 sheets attached to Schedule | of | | <u> </u> | Sub | L tota | <u>l</u> ıl | 18,050.80 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
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| _ | Alexis Perez Jenio | |

| | | | | | _ | | |
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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | I N G E N | L | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxx7415 | 1 | | Medical | Т | E | | |
| Emer Phy Assoc North Jersey PC PO Box 740021 Cincinnati, OH 45274 | | н | | | | | 395.00 |
| Account No. xxxxxxxx-xxx-4585 | ┢ | | Medical | + | + | + | |
| Emer Phy Assoc North Jersey PC PO Box 740021 Cincinnati, OH 45274 | | н | | | | | 938.00 |
| | _ | | | | _ | + | 330.00 |
| Account No. xxxxxxxxxxxx1633 Fia Csna Po Box 982235 El Paso, TX 79998 | | н | Opened 8/01/03 Last Active 9/19/06 Credit Card | | | | 0.00 |
| Account No. xxxxxxxx0170 | t | | Opened 3/01/02 Last Active 11/25/03 | | t | T | |
| GECRB/ Old Navy Attention: GEMB Po Box 103104 Roswell, GA 30076 | | w | Charge Account | | | | 0.00 |
| Account No. xxxxxxxxxxxx8731 | ┝ | | Opened 5/27/05 Last Active 10/28/05 | + | + | + | |
| GECRB/Banana Republic Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 | _ | w | Charge Account | | | | 0.00 |
| Sheet no. 9 of 20 sheets attached to Schedule of | _ | _ | | Sub | tot | al | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total | | | | 1,333.00 |

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| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
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| _ | Alexis Perez Jenio | , |

| | С | ш | shand Wife laint or Community | 16 | Ιυ | D | |
|---|----------|------------------|---|-----------|-------------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDATE | I S P U T | AMOUNT OF CLAIM |
| Account No. xx-xxx1044 | | | | T | T E D | | |
| Great Lakes PO Box 530229 Atlanta, GA 30353-0229 | | w | | | D | | 2,178.00 |
| Account No. xxxxxxxx1116 | ┢ | | Opened 5/01/06 Last Active 10/22/08 | + | <u> </u> | \vdash | _,, |
| Jpm Chase Po Box 24696 Columbus, OH 43224 | - | Н | Unsecured | | | | 0.00 |
| A | ┡ | | 0 | \perp | | | 0.00 |
| Account No. xxxxxxxxxxxxx6590 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | | J | Opened 10/01/11 Charge Account | | | | 1,716.00 |
| Account No. xxxxxxxx1354 | ┪ | | Opened 5/01/02 Last Active 4/07/03 | \dagger | | | |
| Lenscrafters/GECRB Attn: Bankruptcy Po Box 182686 Columbus, OH 43218 | | w | Charge Account | | | | 0.00 |
| Account No. xxx8631 | t | | Medical | + | | | |
| Morristown Pathology Associates 65 Madison Suite 220 Morristown, NJ 07960 | | J | | | | | 134.41 |
| Sheet no. 10 of 20 sheets attached to Schedule of | | | | Sub | tota | ıl | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 4,028.41 |

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| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | | |

| | С | Hu | sband, Wife, Joint, or Community | С | Ιυ | D | |
|---|---------------|-------------|---|-------------|-------------|---------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L Q U | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxx1675 | | | Collection American Express | ٦т | T E D | | |
| Nationwide Credit, Inc. P.O. Box 26314 Lehigh Valley, PA 18002-6314 | | J | | | | | 9,025.52 |
| Account No. xxxxxxx4792 | ┪ | | Collection - QVC Inc | + | + | | |
| Nationwide Credit, Inc. P.O. Box 26314 Lehigh Valley, PA 18002-6314 | | н | | | | | 51.34 |
| Account No. xxxxxxxxxxxxxxxxxxx0523 | + | H | Opened 5/01/07 | + | - | | 31.34 |
| Navient Po Box 9500 Wilkes Barre, PA 18773 | | w | Educational | | | | 9,967.00 |
| Account No. xxxxxxxxxxxxxxxxx1122 | + | | Opened 11/01/06 | + | | | |
| Navient Po Box 9500 Wilkes Barre, PA 18773 | | w | Educational | | | | 7,389.00 |
| Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | + | | Opened 5/01/06 | + | - | | 7,000.00 |
| Navient Po Box 9500 Wilkes Barre, PA 18773 | | w | Educational | | | | E 450.00 |
| | | | | | | <u></u> | 5,453.00 |
| Sheet no. _11 _ of _20 _ sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims | of | | (Total of | Sub this | | | 31,885.86 |

Case 15-24961-JKS Doc 11 Filed 09/03/15 Entered 09/03/15 19:27:03 Desc Main Document Page 23 of 64

B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No 15-24961 | _ |
|-------|--------------------|-------------------------|---|
| | Alexis Perez Jenio | | |

| GDED/MODIG VALUE | Тс | Hu | sband, Wife, Joint, or Community | | C | U | D | |
|--|----------|---------|--|---------------|--------------|------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE. | M | OZH_ZGWZ | NL-QU-DAFE | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx92-01 | | | | | Т | TE | | |
| New Jersey Turnpike Authority PO Box 5042 Woodbridge, NJ 07095 | | J | | | | D | | |
| Account No. xxxxxxxxxxx08-01 | ╁ | | | | | | | 52.15 |
| New Jersey Turnpike Authority PO Box 5042 Woodbridge, NJ 07095 | | J | | | | | | |
| | | | | | | | | 51.50 |
| Account No. xxxxxxxxx6329 | | | | | | | | |
| NJ EZ Pass PO Box 4973 Trenton, NJ 08650 | | н | | | | | | 444.20 |
| Account No. xxxxxxxxx2780 | + | | | | | | | 111.38 |
| NJ EZ Pass PO Box 4973 Trenton, NJ 08650 | | w | | | | | | |
| Account No. xxxxxxxxxxxx0165 | ╁ | | Opened 3/07/05 Last Active 8/07/05 | | | | | 154.50 |
| Odpt/cbsd Attn: Centralized Bankruptcy P.O. Box 20507 Kansas City, MO 64195 | | w | Charge Account | | | | | |
| | | | | | | | | 0.00 |
| Sheet no. 12 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Tot | S al of th | ubt nis j | | | 369.53 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | , |

| | 16 | 1 | | 1 | _ | | | |
|---|-----------------|-------------------------|--|-----------|------------|--------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu: H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE | IM | 00ZH_ZGШZH | L | S P | AMOUNT OF CLAIM |
| Account No. xxxxxx2166 | 4 | | Medical | | T | E D | | |
| Overlook Medical Center 475 South Street 2nd Floor Morristown Morristown, NJ 07962 | | w | | | | D | | 213.80 |
| Account No. xxxxxx0014 | ╅ | | 10/14/2014 | | | | | |
| Overlook Medical Center 475 South Street 2nd Floor Morristown Morristown, NJ 07962 | | w | Medical | | | | | 222.43 |
| Account No. xxxxx0194 | ╅ | | 1/20/2015 | | | | | |
| Overlook Medical Center 475 South Street 2nd Floor Morristown Morristown, NJ 07962 | | J | Medical | | | | | 792.00 |
| Account No. xxxxxx0730 | + | | Medical | | | | | |
| Overlook Medical Center 475 South Street 2nd Floor Morristown Morristown, NJ 07962 | | Н | | | | | | 240.19 |
| Account No. xxxxxxxxxxx8645 | + | | Opened 4/01/03 Last Active 4/15/04 | | | | | |
| Peoples Bk Credit Card Services Attn: Bankruptcy Po Box 7092 Bridgeport, CT 06601 | | н | Credit Card | | | | | 0.00 |
| Sheet no. 13 of 20 sheets attached to Schedule of | f | | | S | ubt | ota | 1 | 4 400 40 |
| Creditors Holding Unsecured Nonpriority Claims | | | (To | tal of th | is j | pag | e) | 1,468.42 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | | |

| GDEDWODIG VALUE | С | Hu | sband, Wife, Joint, or Community | С | : Tu | D | |
|--|----------|-------------|---|-------------|---------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | i C | I S P U T | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxxxxx0001 | 1 | | | T | | | |
| Port Authority of NY & NJ PO Box 15186 Albany, NY 12212 | | Н | | | | | |
| Account No. xx0235 | ╁ | | Opened 5/20/14 | + | - | | 64.00 |
| Prosper Marketplace In 101 2nd St Fl 15 San Francisco, CA 94105 | | Н | Unsecured | | | | |
| | | | | | | | 28,336.00 |
| Account No. xxxxx9664 Quest Diagnostic, Inc. P.O. Box 740698 Cincinnati, OH 45274-0698 | | J | Medical | | | | 190.21 |
| Account No. xxxxx6231 | 1 | | Medical | | + | | |
| Quest Diagnostic, Inc. P.O. Box 740698 Cincinnati, OH 45274-0698 | | w | | | | | 39.98 |
| Account No. xxxxx5812 | + | \vdash | Medical | + | + | + | 33.30 |
| Quest Diagnostic, Inc. P.O. Box 740698 Cincinnati, OH 45274-0698 | | w | | | | | 55 50 |
| 61 44 6 00 1 4 5 6 6 | | | | | <u></u> | | 55.53 |
| Sheet no. <u>14</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | Ī | | (Total of | Sub this | | | 28,685.72 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| | 16 | | 1 | ١. | , Τ. | , 1 . | | |
|--|----------|------------------------|--|----|------|---------------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | band, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | - | | ۷ ۱ - ۱ - ۱ | J Γ Ξ | AMOUNT OF CLAIM |
| Account No. xxxxx0671 | | | Medical | | | T | | |
| Quest Diagnostic, Inc. P.O. Box 740698 Cincinnati, OH 45274-0698 | | Н | | | | | | F2 F0 |
| Account No. xx8129 | | | Collection - Summit Radiological Associates | | + | | + | 53.58 |
| Simon's Agency, Inc. 4963 Wintersweet Drive Liverpool, NY 13088 | | w | | | | | | |
| | | | | | | | | 100.18 |
| Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | w | Opened 2/26/08 Last Active 12/30/08 Educational | | | | | 0.00 |
| Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | w | Opened 2/26/08 Last Active 12/30/08 Educational | | | | | |
| | | | | | | | | 0.00 |
| Account No. xxxxxxxxxxxxx5267 Springleaf Financial Services Attention: Bankruptcy Department Po Box 3251 Evansville, IN 47731 | | w | Opened 1/01/08 Last Active 2/02/09 Charge Account | | | | | 0.00 |
| Sheet no. <u>15</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | - | | (Total o | Su | | | | 153.76 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No | 15-24961 |
|-------|--------------------|---------|----------|
| | Alexis Perez Jenio | _ | |

| | 10 | | 1 1 1 1 2 2 | | | | _ | |
|---|----------|---------|--|---------|-----------|-------------|---------------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | band, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | 1 | CONTINGEN | DZL_QD_D∢⊢W | $D - \emptyset P \cup H \cup D$ | AMOUNT OF CLAIM |
| Account No. xxxxxxxx9NJC | 1 | | Opened 8/01/07 | | T | TE | | |
| State Of Nj Student As Po Box 538 Trenton, NJ 08625 | | w | Educational | _ | | D | | 13,598.00 |
| Account No. xxxxxxxx4NJC | ╁ | | Opened 9/01/08 | | _ | | | |
| State Of Nj Student As Po Box 538 Trenton, NJ 08625 | | w | Educational | | | | | 12,464.00 |
| Account No. xxxxxxxx5NJC | ╁ | | Opened 3/08/07 | | | | | |
| State Of Nj Student As Po Box 538 Trenton, NJ 08625 | | w | Educational | | | | | 10,397.00 |
| Account No. xxxxxx2166 | ╁ | | 10/28/2014 | | _ | | | -, |
| Summit Anesthesia Associates Lockbox 6872 PO Box 8500 Philadelphia, PA 19178 | | J | Medical | | | | | 212.72 |
| Account No. xxxxxxxxxxx8010 | ✝ | | Opened 9/18/05 Last Active 10/01/08 | | 1 | | | |
| Syncb/care Credit C/o Po Box 965036 Orlando, FL 32896 | | J | Charge Account | | | | | 0.00 |
| Sheet no. 16 of 20 sheets attached to Schedule of | | | | Sı | ıbt | ota | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Tota | l of th | | | | 36,671.72 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | , |

| | 1 | | I I Wre I i i e | | _ | | _ | |
|--|----------|------------------|---|------------|-----------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL. IS SUBJECT TO SETOFF, SO STATE | AIM | COZH_ZGWZ | UZLLQULDAFE | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx5512 | | | Opened 5/15/05 Last Active 9/29/05 | | Т | E | | |
| Syncb/gap Po Box 965005 Orlando, FL 32896 | | w | Charge Account | | | D | | 0.00 |
| Account No. xxxxx9581 | + | | Opened 2/01/13 Credit Card | | | | | 0.00 |
| Target Credit Card (TC) C/O Financial & Retail Services Mailstop BT P.O. Box 9475 Minneapolis, MN 55440 | | w | | | | | | |
| | | | | | | | | 3,576.00 |
| Account No. xxxxxxxxx6779 Td Bank N.a. 32 Chestnut St Lewiston, ME 04240 | | w | Opened 8/01/05 Check Credit Or Line Of Credit | | | | | 1,070.00 |
| Account No. xxxxxxxxxxxxx6779 | ╁ | | Opened 8/01/05 Last Active 4/03/09 | | | | | , |
| Td Bank N.a. 1100 Lake St Ramsey, NJ 07446 | | w | Check Credit Or Line Of Credit | | | | | Unknown |
| Account No. xxxxxxxxxxx3726 | ╁ | | Opened 3/01/08 Last Active 8/29/08 | | - | | | |
| Td Rcs/shake A Paw 1000 Macarthur Blvd Mahwah, NJ 07430 | | w | Charge Account | | | | | 0.00 |
| Sheet no17 of20 sheets attached to Schedule of | | _ | | Sı | ıbt | ota | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | T) | otal of th | is p | pag | ge) | 4,646.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| CDEDITODIS NAME | С | Hu | sband, Wife, Joint, or Community | C | U | D | |
|--|----------|-------------|---|---------|-------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NTINGEN | LIQU | I S P U T F | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxx5272 | | | Opened 7/01/01 Last Active 8/23/06 | Т | T E D | | |
| The Bank Of New York Attn: Legal Department 1 Wall St. 11th Floor New York, NY 10286 | | н | Unsecured | | | | 0.00 |
| Account No. xxxxxxM231 | t | | Opened 8/01/10 Lease | | | | |
| Toyota Motor Credit Co Toyota Financial Services Po Box 8026 Cedar Rapid, IA 52408 | | н | Loade | | | x | |
| ocuul Napia, IA 02-400 | | | | | | | 842.00 |
| Account No. xxxxxxxxxxxxxxx0001 Toyota Motor Credit Co Toyota Financial Services Po Box 8026 Cedar Rapids, IA 52408 | | н | Opened 4/01/04 Last Active 5/29/08 Automobile | | | | 0.00 |
| Account No. xxxxxxT575 | ╁ | | Opened 5/01/08 Last Active 7/26/10 | | H | | |
| Toyota Motor Credit Co Toyota Financial Services Po Box 8026 Cedar Rapid, IA 52408 | | н | Lease | | | | 0.00 |
| Account No. xxxxxxxxxxxx5621 | - | | Opened 8/26/02 Last Active 6/11/07 | | _ | | 0.00 |
| Unvl/citi Attn.: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195 | | J | Credit Card | | | | 0.00 |
| Sheet no. 18 of 20 sheets attached to Schedule of | | | | Sub | tota | <u>1</u> 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 842.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| _ | Alexis Perez Jenio | |

| | С | ш., | shand Wife Joint or Community | 10 | Ιυ | D | |
|---|----------|------------------|---|-------------|-------------|-----------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTLAGEN | L I Q | I S P U T | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxxx577 | | | Opened 2/01/08 | Т | T E D | | |
| Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707 | | w | Educational | | | | 2,075.00 |
| Account No. xxxxxxxxxxx1422 | $^{+}$ | | Opened 5/19/05 Last Active 5/01/12 | | | | |
| Visa Dept. Stores Attn: Bankruptcy Po Box 8053 Mason, OH 45040 | | н | Credit Card | | | | |
| | _ | | | | | | 0.00 |
| Volkswagon Credit Inc National Bankruptcy Services 9441 Lbj Freeway, Suite 250 Dallas, TX 75241 | | w | Opened 8/01/14 Lease | | | | 8,775.00 |
| Account No. xxxxxxxxxxxx0001 | ╁ | | Opened 5/01/04 Last Active 10/31/08 | | | | |
| Wells Fargo 1 Home Campus X2303-01a Des Moines, IA 50326 | | w | Lease | | | | 0.00 |
| Account No. xxxx-xxxx-xxxx-8172 | + | | Business Credit Card | + | | | |
| Wells Fargo Bank PO Box 29482 Phoenix, AZ 85038 | | w | | | | | |
| | | | | | | | 2,755.00 |
| Sheet no19_ of _20_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Sub this | | | 13,605.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| | Alexis Perez Jenio | |

| CREDITOR'S NAME, | C O D | Hu | sband, Wife, Joint, or Community | CO | U N | D | |
|--|-------------|-------------|---|-----------|--------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | LIQUIDA | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxx6728 | | | Medical | ٦т | E | | |
| Westfield Imaging Center PO Box 1259 Oaks, PA 19456 | | J | | | D | | 100.18 |
| Account No. xxxx4034 | t | H | Medical | \dagger | | H | |
| Westfield Imaging Center PO Box 460 Summit, NJ 07902 | | J | | | | | 40.70 |
| | L | | | _ | | | 12.76 |
| Account No. xxxxxxxxxxxxx5567 Wf Health Ad Po Box 94498 Las Vegas, NV 89193 | | w | Opened 11/01/12 Charge Account | | | | |
| | | | | | | | 1,392.00 |
| Account No. xxxxxxxxxxxxx9001 | t | | Opened 12/01/08 Last Active 8/30/11 | T | | | |
| Wffinancial Attention: Bankruptcy Po Box 29704 Phoenix, AZ 85038 | | w | Automobile | | | | |
| | | | | | | | 0.00 |
| Account No. | | | | | | | |
| Sheet no. 20 of 20 sheets attached to Schedule of | | | | Sub | | | 1,504.94 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | |
| | | | (Report on Summary of S | | Γota dule | | 266,192.36 |

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B6G (Official Form 6G) (12/07)

In re Michael L Jenio, Case No. 15-24961
Alexis Perez Jenio

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

American Honda Finance Po Box 168088 Irving, TX 75016

Volkswagon Credit Inc National Bankruptcy Services 9441 Lbj Freeway, Suite 250 Dallas, TX 75241 Acct# XXXXXX248 Opened Opened 2/01/13 Lease

Acct# XXXXXX986 Opened Opened 8/01/14 Lease Case 15-24961-JKS Doc 11 Filed 09/03/15 Entered 09/03/15 19:27:03 Desc Main Document Page 33 of 64

B6H (Official Form 6H) (12/07)

| In re | Michael L Jenio, | Case No. <u>15-24961</u> |
|-------|--------------------|--------------------------|
| | Alexis Perez Jenio | |

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill | in this information to ide | entify your ca | ase: | | | | | | | | | | |
|-------------------|---|--------------------------------|--|--------------|----------------------------|-------------|-------|---|-------------|-----------------------------|---------|-------------------------|-----|
| Del | otor 1 <u>Mi</u> | ichael L Je | enio | | | | _ | | | | | | |
| _ | otor 2 Al | exis Perez | : Jenio | | | | _ | | | | | | |
| Uni | ted States Bankruptcy | Court for the | : DISTRICT OF NEW J | ERSEY | | | _ | | | | | | |
| | se number 15-249 | 61 | | _ | | | | Check | if this is: | | | | |
| (If kr | nown) | | | | | | | | amende | _ | | | |
| | | | | | | | | | | ent snowing as of the fo | | etition chapte date: | er |
| 0 | fficial Form B | <u>61</u> | | | | | | MN | // DD/ Y | YYY | | | |
| S | chedule I: Yo | ur Inc | ome | | | | | | | | | 12 | /13 |
| Pa r 1. | Describe En | • | | Debto | r 1 | | | | Debtor 2 | or non-fil | ing en | Olica | |
| | information. | ana lab | | | | | | | | | ing spc | ouse | |
| | If you have more than attach a separate pag | ge with | Employment status | ■ Em | employed | | | ■ Employed□ Not employed | | | | | |
| | information about add employers. | litional | Occupation | Chef Manager | | | | Self-employed Court Reporter | | | enorter | | |
| | Include part-time, sea self-employed work. | nclude part-time, seasonal, or | | | st | | | Jenio Reporting Services, LLC | | | | | |
| | Occupation may inclu or homemaker, if it ap | | Employer's address | | onnell Driv eley Height | | 7922 | | le 016 | | | | |
| | | | How long employed to | here? | 6 years | | | | 7 | years | | | |
| Par | t 2: Give Details | About Mor | nthly Income | | | | | | | | | | |
| spou | use unless you are sepa | arated. | ate you file this form. If | • | J | • | , | , | | · | , | J | |
| If yo | u or your non-filing spo e space, attach a separ | use have mo ate sheet to | ore than one employer, co this form. | ombine th | ne informatio | n for all e | emplo | oyers for t | hat perso | on on the li | nes bel | ow. If you ne | ec |
| | | | | | | | | For Debt | or 1 | For Deb non-filir | | | |
| 2. | | | ry, and commissions (b calculate what the month | | | 2. | \$_ | 5,2 | 227.13 | \$ | | 0.00 | |
| 3. | Estimate and list mo | onthly overt | ime pay. | | | 3. | +\$ | | 0.00 | +\$ | | 0.00 | |

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **5,227.13**

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| Debt Debt | | Michael L Jenio Alexis Perez Jenio | | Case | number (<i>if known</i>) | 15-24 | 961 | |
|--------------|-------------------|---|----------|----------------|----------------------------|----------------|-----------------------|----------------|
| | | | - | | Debtor 1 | For C | Debtor 2 or | |
| | Con | nu line 4 have | 1 | œ. | F 337 43 | | filing spouse | |
| | Cop | by line 4 here | 4. | Φ | 5,227.13 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 970.93 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 658.04 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | . \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · — | 0.00 | | 0.00 | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,628.97 | \$ | 0.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,598.16 | \$ | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 2,900.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. 8d. 8e. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security | | \$ \$ \$ | 0.00 0.00 0.00 | \$ \$ \$ | 0.00 0.00 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: Part-Time Second Job | 8h.+ | · \$ | 643.00 | + \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 643.00 | \$ | 2,900.00 | <u> </u> |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 4,241.16 + \$ | 2,90 | 00.00 = \$ | 7,141.16 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | ır depen | | • | | chedule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certallies | | | | | 12. \$ | 7,141.16 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | 1? | | | | Combin monthly | ed / income |
| | | Yes. Explain: Wife's income from self-employment fluctuates income and expenses fluctuate. Husband's sec | | | | bility to | work. Gross | 5 |

Official Form B 6I Schedule I: Your Income page 2

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| Fill | in this informa | ation to identify yo | our case: | | | | | | |
|-------|-------------------------------|--|---------------------------|--|---|-----|----------------------|--|-------|
| Deb | tor 1 | Michael L Je | nio | | | Ch | eck if this is: | | |
| | | Mioriaer 2 de | ,,,,, | | | | An amended filing | | |
| Deb | tor 2 | Alexis Perez | Jenio | | | | | wing post-petition chap | ter |
| (Spc | ouse, if filing) | | | | | | 13 expenses as of | the following date: | |
| Unite | ed States Bank | ruptcy Court for the: | DISTRI | CT OF NEW JERSEY | | | MM / DD / YYYY | | |
| Case | e number 1 | 5-24961 | | | | П | A separate filing fo | or Debtor 2 because De | ebtor |
| | nown) | 0 2 100 1 | | | | _ | 2 maintains a sepa | | |
| Of | ficial Fo | orm B 6J | | | | | | | |
| | | J: Your | _ Expen | ises | | | | 1 | 2/13 |
| Be a | as complete ormation. If n | and accurate as | s possible. eded, atta | If two married people and change and the state of the sta | | | | | |
| Par | | ribe Your House | hold | | | | | | |
| 1. | Is this a joi | | | | | | | | |
| | □ No. Go t | | | | | | | | |
| | ■ Yes. Do | es Debtor 2 live | in a separ | ate household? | | | | | |
| | ■ N | | - (Cl | anata Oaka dala I | | | | | |
| | ШY | es. Debtor 2 mus | st file a sep | oarate Schedule J. | | | | | |
| 2. | Do you hav | e dependents? | ■ No | | | | | | |
| | Do not list Dand Debtor | | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state dependents | | | | | | | □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No | |
| 3. | expenses of yourself an | penses include of people other t d your depende nate Your Ongoi | han nts? □ | No Yes y Expenses | | | | ☐ Yes | |
| ехр | imate your e | xpenses as of year the | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| the | | h assistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses | |
| 4. | | or home owners nd any rent for th | | ses for your residence. I | nclude first mortgage | 4. | \$ | 1,600.00 | |
| | If not inclu | ded in line 4: | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | erty, homeowner's | | | | 4b. | \$ | 20.00 | |
| | | | | ipkeep expenses | | 4c. | | 50.00 | |
| _ | | eowner's associat | | | | 4d. | | 0.00 | |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | | 0.00 | |

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| | otor 1 otor 2 | Michael L Jenio Alexis Perez Jenio | Case num | ber (if known) | 15-24961 |
|-----|------------------|---|--------------|----------------|----------------|
| 6. | Utilit | ties: | | | |
| ٥. | 6a. | Electricity, heat, natural gas | 6a. | \$ | 300.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 90.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 430.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | d and housekeeping supplies | 7. | \$ | 850.00 |
| 8. | Child | dcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clot | hing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Pers | onal care products and services | 10. | \$ | 150.00 |
| 11. | Medi | ical and dental expenses | 11. | \$ | 620.00 |
| 12. | Tran | sportation. Include gas, maintenance, bus or train fare. | | | 050.00 |
| | | ot include car payments. | 12. | · . | 850.00 |
| | | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 125.00 |
| | | ritable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance | 15a. | ¢ | 20.00 |
| | | Health insurance | 15a. 15b. | | 30.00 |
| | | Vehicle insurance | 15b. | | 0.00 225.00 |
| | | Other insurance. Specify: Pet Health Insurance | 15d. | · - | - |
| 16 | | | 13u. | Ψ | 95.00 |
| | Spec | es. Do not include taxes deducted from your pay or included in lines 4 or 20. Estimated Quarterly taxes | 16. | \$ | 500.00 |
| 17. | | allment or lease payments: | 4-7 | • | |
| | | Car payments for Vehicle 1 | 17a. | · - | 320.00 |
| | | Car payments for Vehicle 2 | 17b. | · | 325.00 |
| | | Other. Specify: Pet Care | 17c. | | 250.00 |
| 40 | | Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your | r payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I). | i 18. | \$ | 0.00 |
| 19 | | er payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| 10. | Spec | | 19. | Ψ | 0.00 |
| 20. | | er real property expenses not included in lines 4 or 5 of this form or on Scho | | our Income. | |
| | | Mortgages on other property | 20a. | | 0.00 |
| | | Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | er: Specify: | 21. | +\$ | 0.00 |
| 22. | | r monthly expenses. Add lines 4 through 21. | 22. | \$ | 6,930.00 |
| 00 | | result is your monthly expenses. | | | |
| 23. | | ulate your monthly net income. | 222 | ¢ | 7 4 4 4 4 6 |
| | | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 7,141.16 |
| | ∠3D. | Copy your monthly expenses from line 22 above. | 23b. | -⊅ | 6,930.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. | | | 244.42 |
| | | The result is your monthly net income. | 23c. | \$ | 211.16 |
| 0.4 | _ | | | | |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

■ Yes. Explain: Debtors are married and residing together but anticipate separation within next 12 months to require separate household expenses.

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B6 Declaration (Official Form 6 - Declaration). (12/07)

Date

Date

United States Bankruptcy CourtDistrict of New Jersey

| In re | Michael L Jenio Alexis Perez Jenio | | Case No. | 15-24961 | |
|-------|---------------------------------------|-----------|-------------|----------|--|
| | | Debtor(s) | Chapter | 13 | |
| | | | | | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalt | y of perjury that I have rea | ad the foregoing summary and schedules, consisting of _ | 37 | |
|--|------------------------------|---|----|--|
| sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | | | |
| | | | | |
| | | | | |
| August 7, 2015 | Signature | /s/ Michael L Jenio | | |
| 7.449401 1, 2010 | Signature | Michael L Jenio | | |
| | | Debtor | | |
| | | | | |
| August 7, 2015 | Signature | /s/ Alexis Perez Jenio | | |
| | <u> </u> | Alexis Perez Jenio | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Joint Debtor

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court District of New Jersey

| In re | Michael L Jenio Alexis Perez Jenio | | Case No. | 15-24961 |
|-------|---------------------------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 13 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$27,264.62 2015 YTD: Wife Self-Employment Income \$61,360.00 2014: Husband Employment Income

\$61,360.00 2013: Husband Employment Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID OF CREDITOR **PAYMENTS OWING VW Credit** Regular monthly lease \$978.00 \$8,775.00 payments

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | AMOUNT | |
|------------------------------|-----------|-----------|--------------|
| | DATES OF | PAID OR | |
| | PAYMENTS/ | VALUE OF | AMOUNT STILL |
| NAME AND ADDRESS OF CREDITOR | TRANSFERS | TRANSFERS | OWING |

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER NJ Higher Education v. Alexis Perez Jenio Docket No.: DC-004601-15 | NATURE OF PROCEEDING Civl | COURT OR AGENCY AND LOCATION Superior Court of New Jersey Law Division, Union County | STATUS OR DISPOSITION Pending |
|--|--|---|--|
| Discover Bank v. Alexis Jenio Docket No.: L-001439-15 | Civil | Superior Court of New Jersey Law Division, Union County | Pending |
| Discover Bank v. Michael L. Jenio Docket No.: L-1752-15 | Civil | Superior Court of New Jersey Law Division, Union County | Pending |
| Discover Bank v. Alexis Jenio Docket No.: L-2437-15 | Civil | Superior Court of New Jersey Law Divison, Union County | Pending |

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Honda Financial P.O. Box 6034 Newark, DE 19714 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 8/5/2015

DESCRIPTION AND VALUE OF PROPERTY 2013 Honda Civic

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

SE TITLE & NUMBER ORDER PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gillman & Gillman 770 Amboy Avenue **Edison, NJ 08837**

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$1,768.00 plus filing fees paid

10. Other transfers

None П

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

DESCRIBE PROPERTY TRANSFERRED DATE RELATIONSHIP TO DEBTOR AND VALUE RECEIVED October 2014 **Harrison Bamdas** 2004 Toyota Camry for \$500.

To Be Provided Nephew

Cash for Gold January and February Gold jewelry totaling \$1,500

Somerville, NJ 2014

Third Party

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled

trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

AMOUNT OF MONEY OR DESCRIPTION AND DATE(S) OF **DEVICE** VALUE OF PROPERTY OR DEBTOR'S INTEREST

> TRANSFER(S) IN PROPERTY

11. Closed financial accounts

None

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

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13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL LAW

GOVERNMENTAL UNIT NOTICE

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL

TAXPAYER-I.D. NO. **ADDRESS** NATURE OF BUSINESS (ITIN)/ COMPLETE EIN Jenio Reportina Transrciption and

Same as Debtor Reporting

Atelier de Cru 45-1748614 Same as Debtor **Jewelry**

2013 to present: Open but not operating

BEGINNING AND

ENDING DATES

2012 to present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

Services, LLC

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS**

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

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B7 (Official Form 7) (04/13)

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within **two years** immediately preceding the commencement of this case.

20. Inventories

20. mvemorie

NAME AND ADDRESS

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE ISSUED

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the

commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

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24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | August 7, 2015 | Signature | /s/ Michael L Jenio |
|------|----------------|-----------|------------------------|
| | | _ | Michael L Jenio |
| | | | Debtor |
| Date | August 7, 2015 | Signature | /s/ Alexis Perez Jenio |
| | - | | Alexis Perez Jenio |
| | | | Joint Debtor |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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United States Bankruptcy Court District of New Jersey

| In re | Michael L Jenio Alexis Perez Jenio | | Case No. | 15-24961 | |
|-------------|--|---------------------------------------|------------------------|-------------------------|--------------|
| | | Debtor(s) | Chapter | 13 | |
| 1. P | DISCLOSURE OF COMPEN | (b), I certify that I am the atto | orney for the above-na | amed debtor and that | |
| | ompensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | | | | dered or to |
| | For legal services, I have agreed to accept | | | 3,500.00 | |
| | Prior to the filing of this statement I have received | | \$ | | |
| | Balance Due | | | 1,732.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | I have not agreed to share the above-disclosed comper | nsation with any other person | unless they are memb | pers and associates of | my law firm. |
| [| ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | | w firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to rend | der legal service for all aspect | s of the bankruptcy c | ase, including: | |
| b c | Analysis of the debtor's financial situation, and renderi Preparation and filing of any petition, schedules, stater Representation of the debtor at the meeting of creditors [Other provisions as needed] | nent of affairs and plan which | may be required; | - | uptcy; |
| 6. B | By agreement with the debtor(s), the above-disclosed fee of | loes not include the following | g service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any analyzed proceeding. | agreement or arrangement for | payment to me for re | presentation of the del | btor(s) in |
| Dated: | : _August 7, 2015 | /s/ Justin M. Gilln | nan, Esq. | | |
| | | Justin M. Gillman Gillman & Gillma | · • | | |
| | | 770 Amboy Aven | ue | | |
| | | Edison, NJ 08837 732-661-1664 Fa | | | |
| | | abgillman@optor | | | |

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court District of New Jersey

| In re | Michael L Jenio Alexis Perez Jenio | | Case No. | 15-24961 |
|-------|---------------------------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 13 |

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Michael L Jenio Alexis Perez Jenio | /s/ Michael L Jenio | August 7, 2015 |
|-------------------------------------|------------------------------------|----------------|
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) 15-24961 | /s/ Alexis Perez Jenio | August 7, 2015 |
| | Signature of Joint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy CourtDistrict of New Jersey

| In re | Michael L Jenio Alexis Perez Jenio | | Case No. | 15-24961 | |
|-------|---------------------------------------|----------------------------|----------|----------|--|
| | | Debtor(s) | Chapter | 13 | |
| | | | | | |
| | | | | | |
| | | VERIFICATION OF CREDITOR M | ATRIX | | |

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date: | August 7, 2015 | /s/ Michael L Jenio | |
|-------|----------------|------------------------|--|
| | | Michael L Jenio | |
| | | Signature of Debtor | |
| Date: | August 7, 2015 | /s/ Alexis Perez Jenio | |
| | | Alexis Perez Jenio | |
| | | Signature of Debtor | |

| Fill in this info | rmation to identify your case: |
|--------------------------------|--|
| Debtor 1 | Michael L Jenio |
| Debtor 2 (Spouse, if filing | Alexis Perez Jenio |
| United States B | sankruptcy Court for the: District of New Jersey |
| Case number (if known) | 15-24961 |

| Check | c as directed in lines 17 and 21: | | | | | |
|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| 1. Disposable income is not determined u 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
|--|--|--|--------------------------------------|---|------------------|----------------------|----|--|--|
| Your gross wages, salary, ti all payroll deductions). | ps, bonus | ses, overtime | , and c | ommissions (befo | ore \$ | 5,983.80 | \$ | 0.00 | |
| Alimony and maintenance p Column B is filled in. | ayments. | Do not include | e paym | ents from a spouse | e if \$ | 0.00 | \$ | 0.00 | |
| All amounts from any sourc of you or your dependents, from an unmarried partner, me and roommates. Include regul filled in. Do not include payme Not income from enerating. | including embers of lar contribuents you lis | child suppor your househo utions from a s sted on line 3. | t. Inclu ld, you spouse | de regular contribur r dependents, pare only if Column B is | tions nts, | 0.00 | \$ | 0.00 | |
| Net income from operating a Gross receipts (before all | a busines | s, profession | , or rai | m | | | | | |
| deductions) | \$ | 0.00 | \$ | 4,502.94 | | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | -\$ | 900.00 | | | | | |
| Net monthly income from a business, profession, or farm | \$ | 0.00 | \$ | 3,602.94 he | opy ere -> \$ | 0.00 | \$ | 3,602.94 | |
| 6. Net income from rental and | other real | property | | | | | | | |
| Gross receipts (before all ded | uctions) | | \$ | 0.00 | | | | | |
| Ordinary and necessary opera | ating exper | nses | -\$ | 0.00 | | | | | |
| | | | | | | | | 0.00 | |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| Debtor 1 Debtor 2 | Michael L Jenio Alexis Perez Jenio | | | Case numbe | r (<i>if known</i>) | 15-24961 | | |
|------------------------------|--|---|----------------------------------|-------------------|-----------------------|--------------------------------|------------|-----------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
| 7. I n | terest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| 8. U | nemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | o not enter the amount if you contend th nder the Social Security Act. Instead, list | t it here: | was a benefit | | | | | |
| | For you | | 0.00 | | | | | |
| | For your spouse | | | | | | | |
| | ension or retirement income. Do not in enefit under the Social Security Act. | iclude any amount recei | ved that was a | \$ | 0.00 | \$ | 0.00 | |
| D re do | come from all other sources not liste o not include any benefits received unde eceived as a victim of a war crime, a crim omestic terrorism. If necessary, list other tal on line 10c. | er the Social Security Act ne against humanity, or i | t or payments nternational or | | | | | |
| | 10a | | | \$ | 0.00 | \$ | 0.00 | |
| | 10b | | | \$ | 0.00 | \$ | 0.00 | |
| | 10c. Total amounts from separate page | jes, if any. | + | · \$ | 0.00 | \$ | 0.00 | |
| | alculate your total average monthly in ach column. Then add the total for Colur | | | 5,983.80 | + \$ _ | 3,602.94 | = \$_ | 9,586.74 |
| 12. C 13. C | opy your total average monthly incomalculate the marital adjustment. Check | k one: | | | | | \$ | 9,586.74 |
| _ | | | line 12d | | | | | |
| _ | You are married and your spouse is You are married and your spouse is | - | line rsu. | | | | | |
| _ | Fill in the amount of the income listed dependents, such as payment of the | d in line 11, Column B, th | | | | | | |
| | In lines 13a-c, specify the basis for e adjustments on a separate page. | • | d the amount of in | come devoted | d to each | purpose. If ne | cessary | list additional |
| | If this adjustment does not apply, en | | • | | | | | |
| | 13a. 13b. | | | | _ | | | |
| | 13c. | | +\$ | | | | | |
| | | | | | _ | | | |
| | 13d. Total | | \$ | 0.0 | <u>0</u> c | opy here=> 13d | · <u>-</u> | 0.00 |
| 14. ` | Your current monthly income. Subtract | ct line 13d from line 12. | | | | 14. | \$ | 9,586.74 |
| | Calculate your current monthly incom | | | | | | | 0.596.74 |
| • | 15a. Copy line 14 here=> | | | | | 15a | · \$ | 9,586.74 |
| | Multiply line 15a by 12 (the number | r of months in a year). | | | | | X | 12 |
| | 15b. The result is your current monthly | income for the year for the | his part of the forr | n. | | 15b | . \$1 | 15,040.88 |

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Debtor 1 15-24961 **Alexis Perez Jenio** Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 2 16c. Fill in the median family income for your state and size of household. 71,994.00 16c. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) 18. Copy your total average monthly income from line 11. 18. \$ 9.586.74 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d. 0.00 If the marital adjustment does not apply, fill in 0 on line 19a. 19a.-\$ 9.586.74 Subtract line 19a from line 18. 19b. 20. Calculate your current monthly income for the year. Follow these steps: 9.586.74 20a. 20a. Copy line 19b Multiply by 12 (the number of months in a year). 12 115,040.88 20b. 20b. The result is your current monthly income for the year for this part of the form 71,994.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Michael L Jenio X /s/ Alexis Perez Jenio Michael L Jenio Alexis Perez Jenio Signature of Debtor 1 Signature of Debtor 2 Date August 7, 2015 Date **August 7, 2015** MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Michael L Jenio

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| Fill in this info | rmation to identify your case: | |
|------------------------|--|--------------------------------------|
| Debtor 1 | Michael L Jenio | |
| Debtor 2 | Alexis Perez Jenio | |
| (Spouse, if filing | g) | |
| United States E | Bankruptcy Court for the: District of New Jersey | |
| Case number (if known) | 15-24961 | ☐ Check if this is an amended filing |
| | | |

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1.092.00

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1 Debtor 2 Michael L Jenio
Alexis Perez Jenio
Case number (if known)
15-24961

| People | who are under 65 years of age | |
|--------------------|---|---|
| i cobie (| and an united of years of age | |
| 7a. | Out-of-pocket health care allowance per person | \$60 |
| 7b. | Number of people who are under 65 | X2 |
| 7c. | Subtotal. Multiply line 7a by line 7b. | \$120.00 Copy line 7c here=> \$120.00 |
| People v | who are 65 years of age or older | |
| 7d. | Out-of-pocket health care allowance per person | \$ <u>144</u> |
| 7e. | Number of people who are 65 or older | X0 |
| 7f. | Subtotal. Multiply line 7d by line 7e. | \$ \$ Copy line 7f here=> \$ |
| 7g. | Total. Add line 7c and line 7f | \$ 120.00 Copy total here=> 7g. \$ 120.00 |
| Local St | tandards You must use the IRS Local Standards to | to answer the questions in lines 8-15 |
| Based o | on information from the IRS, the U.S. Trustee Prog | ogram has divided the IRS Local Standard for housing for |
| | otcy purposes into two parts: g and utilities - Insurance and operating expenses | 20 |
| housing | and utilities - Mortgage or rent expenses | |
| separate 8. Hou | e instructions for this form. This chart may also b | enses: Using the number of people you entered in line 5, |
| 9. Ho ı | using and utilities - Mortgage or rent expenses: | |
| 9a. | Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense: | |
| 9b. | Total average monthly payment for all mortgages a | and other debts secured by your home. |
| | To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | |
| | Name of the creditor | Average monthly payment |
| | -NONE- | <u> </u> |
| | | |
| | 9b. Total average monthly paymen | nt \$ 0.00 Copy line 9b here=> -\$ 0.00 Repeat this amount on line 33a. |
| 9c. | Net mortgage or rent expense. | |
| | Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent | |
| | ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill | n of the IRS Local Standard for housing is incorrect and II in any additional amount you claim. |
| Ex | xplain why: | |

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| Debtor 2 | Alexis Perez Jenio | | Ca | se number (if known) | 15-24961 | |
|----------|---|--------------------------|---------------------|----------------------|------------------------------|---------------|
| 11. | Local transportation expenses: Check the number of vehic | cles for which you | u claim an | ownership or ope | erating expense. | |
| | □ 0. Go to line 14. | | | | | |
| | ☐ 1. Go to line 12. | | | | | |
| | ■ 2 or more. Go to line 12. | | | | | |
| | | | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | | \$ 684.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles. | | | | | |
| Vel | hicle 1 Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | 13a. | \$ 517. | 00 | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. | | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 months bankruptcy. Then dived by 60. | | | | | |
| | Name of each creditor for Vehicle 1 | Average monti payment | hly | | | |
| | -NONE- | \$\$ | | | | |
| | | | Copy 13b here => | -\$ <u> </u> | .00 Repeat this on line 33b. | amount |
| 13c. | Net Vehicle 1 ownership or lease expense | | | | Copy net Vehicle 1 | |
| | Subtract line 13b from line 13a. if this amount is less than \$0 | i, enter \$0. | 13c. | \$517. | expense here => \$ | 517.00 |
| Ve | hicle 2 Describe Vehicle 2: | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | 13d. | \$ 517. | 00 | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2 leased vehicles. | . Do not include o | costs for | | | |
| | Name of each creditor for Vehicle 2 | Average montl payment | hly | | | |
| | -NONE- | \$ | | | | |
| | | | Copy 13e here => | -\$ <u> </u> | .00 | |
| 13f. | Net Vehicle 2 ownership or lease expense | | | | Copy net Vehicle 2 | |
| | Subtract line 13e from line 13d. if this number is less than \$0 |), enter \$0. | 13f. | \$ 517. | expense | 517.00 |
| | | | | | | · |
| 14. | Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you | , , | | al Standards, fill | in the <i>Public</i> | \$ |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i> | what you believe is | | | but you may | \$ 185.00 |

Michael L Jenio

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Debtor 1 Debtor 2 Michael L Jenio
Alexis Perez Jenio
Case number (if known)
15-24961

| 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicate taxes. Vor many include the monthly amount withhold from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 17. Ontributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance. The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. If two married people are filling together, include payments that you on make for your spouse's term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spouse or child support payments. 19. Court-ordered payments: The total monthly amount that you pay for child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for child support you may be accounted to the your spouse at developing the payments. 21. Childcare: The total monthly amount that you pay for childscare, such as babysiting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not rembursed by insurance or paid by a health savings account. Include only the amount that is more than the total entere | Otno | er Necessary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|--|-----------------|---|---|-----------------|----------------|
| Do not include anomunts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The lotal monthly premiums that you pay for your own term life insurance. If two married people are filing together include pyremiums for life insurance or hor than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 19. Court-ordered payments: The total monthly amount that you pay for education that is either required: 20. Education: The total monthly amount that you pay for deducation is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line? 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your habital work learned in line? 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings accounts should be listed only in line 25. 26. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Health insurance, disability insurance, and health savings accounts that are re | 16. | self-employment taxes, soo from your pay for these tax 12 and subtract that number | cial security taxes, and Medicare taxes. You may include the monthly amount withheld es. However, if you expect to receive a tax refund, you must divide the expected refund by er from the total monthly amount that is withheld to pay for taxes. | \$ | 1,813.30 |
| Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 19. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 21. Childcare: The total monthly amount that you pay for education that is either required: 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts Include only the amount that is more than the total entered in line 7. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining, caller identification, spaceal long distance, or business cell phone service, to the extense supplications, and the such as a pagers, call waining, caller identification, spaceal long distance, or business cell phone service, to the extense supplications, mineral and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 2CC-1, or say amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings accounts that are reas | 17. | | | | _ |
| Saladitional pealments intal you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance, other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 0.00 Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 0.00 Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Solution that is required for the health and vellare of you or your dependents and that is not reimbursed by insurance or peal by a health savings account and that is more than the total entered in line 7. | | | | \$ | 0.00 |
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| 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions 25. Health insurance, disability insurance, and health savings account sepenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronica | 19. | administrative agency, sucl | h as spousal or child support payments. | \$ | 0.00 |
| as a condition for your job, of for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line? Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 4. Add all of the expenses allowed under the IRS expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 568.63 Copy total here=> No. How much do you actually spend? \$ 0.00 Protection against family violence. The reasonable necessary care and support of an elderly, chronically ill, or disabled member of your four the protection and | 20. | | | <u> </u> | - |
| preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pages, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. **Beath insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 549.13 Pose of the expense of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family whole necessary monthly expenses that you four to maintain the safety of you and your family under the Fami | _0. | as a condition for your job, | or | \$ | 0.00 |
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| services for you and your dependents, such as pagers, call walting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 4. Additional Expense Deductions These are additional deductions allowed by the Means Test. **Note: Do not include any expense allowances listed in lines 6-24. 4. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 49.13 Health savings account +\$ 0.00 Total \$ 568.63 Copy total here=> \$ 568.63 Copy total here=> \$ 568.63 Copy total here=> **Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | • | | \$ | 500.00 |
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| Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 49.13 Health savings account +\$ 0.00 Total Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 9 0.00 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | expenses, such as those re | eported on line 5 of Official Form 220-1, or any amount you previously deducted. | + \$ | 0.00 |
| Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for your sepouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 49.13 Health savings account +\$ 0.00 Total \$ 568.63 Copy total here=> \$ 568.63 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ | 24. | Add all of the expenses a | | r - | |
| insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents. Health insurance \$ 519.50 Disability insurance \$ 49.13 Health savings account +\$ 0.00 Total \$ 568.63 Copy total here=> \$ 568.63 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ | | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS expense allowances. | r - | |
| Disability insurance \$ 49.13 Health savings account + \$ 0.00 Total \$ 568.63 Copy total here=> \$ 568.63 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Add all of the expenses a Add lines 6 through 23. | Illowed under the IRS expense allowances. These are additional deductions allowed by the Means Test. | r - | |
| Health savings account Total \$ 568.63 Copy total here=> \$ 568.63 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Add | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurance | Illowed under the IRS expense allowances. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health | \$ | |
| Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Add | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. | Illowed under the IRS expense allowances. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health note, and health savings accounts that are reasonably necessary for yourself, your spouse, or | \$ | |
| Do you actually spend this total amount? No. How much do you actually spend? Yes S Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Add | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance | Illowed under the IRS expense allowances. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health note, and health savings accounts that are reasonably necessary for yourself, your spouse, o | \$ | |
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| 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Add | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurancy our dependents. Health insurance Disability insurance Health savings account | These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health noce, and health savings accounts that are reasonably necessary for yourself, your spouse, o \$ 519.50 \$ 49.13 + \$ 0.00 | \$ | 8,452.64 |
| continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Add | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do y | These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health note, and health savings accounts that are reasonably necessary for yourself, your spouse, o \$ 519.50 | \$ | 8,452.64 |
| safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | Addd 25. | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disabiliity insurar your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do y Yes | These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health noce, and health savings accounts that are reasonably necessary for yourself, your spouse, o \$ 519.50 \$ 49.13 + \$ 0.00 \$ 568.63 Copy total here=> total amount? You actually spend? | \$ | 8,452.64 |
| By law, the court must keep the nature of these expenses confidential. | Addd 25. | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do y Yes Continued contributions continue to pay for the reas | Illowed under the IRS expense allowances. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health noce, and health savings accounts that are reasonably necessary for yourself, your spouse, o 519.50 | \$s | 568.63 |
| <u> </u> | 25. 26. | Add all of the expenses a Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do your yes Continued contributions continue to pay for the reas of your household or member Protection against family | These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Ity insurance, and health savings account expenses. The monthly expenses for health note, and health savings accounts that are reasonably necessary for yourself, your spouse, o \$ 519.50 | \$s | 568.63 0.00 |

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| tor 1 tor 2 | Michael L Jenio Alexis Perez Jenio | | Case nu | mber (if known) | 15-2 | 4961 | | |
|--|--|---|-------------------|--|--|-----------------------------|--------------------------|-----------|
| | Additional home energy costs. Your hom allowance on line 8. | ne energy costs are included in y | our non-mortgaç | ge housing a | nd utiliti | es | | |
| | f you believe that you have home energy on the common fixed by the control of the | | | | ie | | | |
| | ou must give your case trustee document amount claimed is reasonable and necessa | | nd you must sho | w that the a | dditional | I | \$ | 0.00 |
| \$ | Education expenses for dependent child 6156.25* per child) that you pay for your depublic elementary or secondary school. | | | | | | | |
| | ou must give your case trustee document claimed is reasonable and necessary and r | | | lain why the | amount | t | | |
| * | Subject to adjustment on 4/01/16, and even | ery 3 years after that for cases b | egun on or after | the date of a | adjustmo | ent. | \$ | 0.00 |
| h | Additional food and clothing expense. Thigher than the combined food and clothing han 5% of the food and clothing allowance | g allowances in the IRS National | Standards. That | nd clothing ex t amount can | penses not be r | are more | | |
| | To find a chart showing the maximum additnstructions for this form. This chart may al | | | d in the sepa | arate | | | |
| Υ | ou must show that the additional amount | claimed is reasonable and neces | ssary. | | | | \$ | 38.00 |
| | Continuing charitable contributions. The natruments to a religious or charitable organized in the contributions. | | | e form of cas | sh or fin | ancial | \$ | 25.00 |
| | Add all of the additional expense deduct | tions | | | | | \$ | 631.63 |
| | ctions for Debt Payment | | | | | | | |
| edud | ctions for Debt Payment or debts that are secured by an interest ans, and other secured debt, fill in lines | | uding home mo | rtgages, vel | hicle | | | |
| 3. Fo | or debts that are secured by an interest | s 33a through 33g. ent, add all amounts that are co | - | | | | | |
| 3. Fo | or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paym | s 33a through 33g. ent, add all amounts that are co | - | | | | | e monthly |
| educ 3. Fo loa To cre | or debts that are secured by an interest ans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for ba | s 33a through 33g. nent, add all amounts that are counkruptcy. Then divide by 60. | ntractually due t | o each secur | red | | Average paymen \$ | t |
| 3. Fo loa To | or debts that are secured by an interest ans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here | s 33a through 33g. ent, add all amounts that are co | ntractually due t | o each secur | red | | | |
| 3. For load of the | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles | s 33a through 33g. nent, add all amounts that are co inkruptcy. Then divide by 60. | ntractually due t | o each secur | red | => | | 0.00 |
| 3. Fo los cres | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | s 33a through 33g. nent, add all amounts that are counkruptcy. Then divide by 60. | ntractually due t | o each secur | red | | \$\$ | 0.00 |
| 3. Fo | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles | s 33a through 33g. nent, add all amounts that are co inkruptcy. Then divide by 60. | ntractually due t | o each secur | red | => | | 0.00 |
| 33. For loss of cress of the cr | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | s 33a through 33g. nent, add all amounts that are co inkruptcy. Then divide by 60. | ntractually due t | o each secur | red | => => ent | \$\$ | 0.00 |
| To cress 33a. | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe incluor in | es paym ude taxe | => => ent | \$\$ | 0.00 |
| 33. For lost of cress of the cr | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe included in the control or in | es paym ude taxe nsuranc | => => ent es e? | \$\$ \$\$ \$ | 0.00 |
| 33. For lost of cress of the cr | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe incluor in | es paym ude taxe | => => ent es e? | \$\$ | 0.00 |
| 33. For lost of cress of the cr | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in | es paymude taxensurance | => => ent es e? | \$\$ \$\$ \$ | 0.00 |
| To cress as a second se | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe included in the control of the c | es paymude taxensurance No Yes No | => => ent es e? | paymen \$ \$ \$ \$ \$ \$ | 0.00 |
| 3. For loss of | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in | es paymude taxensurance | => => ent es e? | \$\$ \$\$ \$ | 0.00 |
| ame | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in the contract of the contract | es paymude taxensurance No Yes No Yes | => => ent es e? | paymen \$ \$ \$ \$ \$ \$ | 0.00 |
| To cress as a second se | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in the contract of the contract | es paymude taxensurance No Yes No Yes No | => => ent es e? | paymen \$ \$ \$ \$ \$ \$ | 0.00 |
| 33. For loss of loss o | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in the contract of the contract | es paymude taxensurance No Yes No Yes | => => ent es e? | paymen \$ \$ \$ \$ \$ \$ | 0.00 |
| 3. For lost of cree states and states and states and states are states and states are states and states are states and states are st | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here of each creditor for other secured debt | s 33a through 33g. nent, add all amounts that are co nkruptcy. Then divide by 60. | ntractually due t | Doe include or in the contract of the contract | es paymude taxensurance No Yes No Yes No | => => ent es e? | paymen \$ \$ \$ \$ \$ \$ | 0.00 |

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15-24961 **Alexis Perez Jenio** Case number (if known) Debtor 2 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE-Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 475.00 28,500.00 ÷60 \$ 36. Projected monthly Chapter 13 plan payment 575.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 57.50 57.50 here=> Average monthly administrative expense 532.50 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 8.452.64 expense allowances Copy line 32, All of the additional expense deductions 631.63 Copy line 37, All of the deductions for debt payment 532.50 9,616.77 9,616.77 Total deductions Copy total here=>

Michael L Jenio

Debtor 1

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| ebtor 1 ebtor 2 | Michael L Alexis Per | | | Case | number | (if known) 1 | 5-24961 | |
|---|---|--|--|---|---------------|--|-----------------------|----------|
| art 2: | Determine | Your Disposable Income U | nder 11 U.S.C. § 1325(b) | (2) | | | | |
| 39. Co | ppy your total atement of Yo | current monthly income from Current Monthly Income | om line 14 of Form 22C-1 | 1, Chapter 13 nmitment Period | | | \$ | 9,586.74 |
| ch dis red | ildren. The mability payment ceived in acco | onably necessary income young on the control of any child so the for a dependent child, reproduce with applicable nonbatexpended for such child. | upport payments, foster ca orted in Part I of Form 220 | are payments, or C-1, that you | \$ | (| 0.00 | |
| em in | nployer withhe 11 U.S.C. § 54 | ed retirement deductions. I Id from wages as contribution 11(b)(7) plus all required repa .S.C. § 362(b)(19). | is for qualified retirement p | olans, as specified | \$ | (| 0.00 | |
| 42. To | tal of all dedu | uctions allowed under 11 U. | S.C. § 707(b)(2)(A). Copy | line 38 here=> | \$ | 9,616 | 6.77 | |
| exp the | penses and your perses. ` | pecial circumstances. If special circumstances. If special have no reasonable alternation must give your case trusted documentation for the exp | ative, describe the special tee a detailed explanation | circumstances and | d | | | |
| Descri | ibe the speci | al circumstances | | Amount of exper | nse | | | |
| 43a. | | | | <u> </u> | | | | |
| 43b. | | | | | | | | |
| 43c. | | | | <u> </u> | | | | |
| 43d. | Total. Add lii | nes 43a through 43c. | \$ | 0.00 | Copy here= | | 0.00 | |
| 44. To | tal adjustmei | nts. Add lines 40 through 43d | · | => \$ | | 9,616.77 | Copy total here=> -\$ | 9,616.77 |
| 45. Ca | lculate your | monthly disposable income | under § 1325(b)(2). Sub | tract line 44 from li | ne 39. | | \$ | -30.03 |
| art 3: | Change in | Income or Expenses | | | | | | |
| rep file info per the | ported in this f ad your bankru ormation below tition, check 2 | me or expenses. If the incomorm have changed or are virtuptcy petition and during the tiw. For example, if the wages 2C-1 in the first column, enteased, fill in when the increase | ually certain to change after me your case will be oper reported increased after your r line 2 in the second colu | er the date you n, fill in the ou filed your mn, explain why | | | | |
| Form | Line | Reason for change | | Date of change | | crease or ecrease? | Amount of chang | е |
| ☐ 22C ☐ 22C ☐ 22C ☐ 22C ☐ 22C | -2 -1 -2 | | | | | Increase Decrease Increase Decrease Increase | \$ | _ |

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| Debtor 2 | Michael L Jenio Alexis Perez Jenio | Case number (<i>if known</i>) 15-24961 | |
|----------|---|---|--|
| Part 4: | Sign Below | | |
| | | | |
| | By signing here, under penalty of perjury you o | eclare that the information on this statement and in any attachments is true and correct. | |
| X | /s/ Michael L Jenio | X /s/ Alexis Perez Jenio | |
| x | | | |

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Debtor 1 Debtor 2 Michael L Jenio Alexis Perez Jenio

Case number (if known)

15-24961

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2015 to 07/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Eurest** Year-to-Date Income:

Starting Year-to-Date Income: \$4,762.74 from check dated 1/23/2015. Ending Year-to-Date Income: \$36,375.55 from check dated 7/31/2015.

Income for six-month period (Ending-Starting): \$31,612.81.

Average Monthly Income: \$5,268.80 .

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Kansas Squared, LLC

Year-to-Date Income:

Starting Year-to-Date Income: \$775.00 from check dated 1/31/2015. Ending Year-to-Date Income: \$5,065.00 from check dated 7/24/2015.

Income for six-month period (Ending-Starting): **\$4,290.00**.

Average Monthly Income: \$715.00 .

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Michael L Jenio Debtor 1 15-24961 Debtor 2 **Alexis Perez Jenio** Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 02/01/2015 to 07/31/2015.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Jenio Reporting Services, LLC/SE

Income/Expense/Net by Month:

| • | Date | Income | Expense | Net |
|---------------|--------------------|------------|-----------------------------|------------|
| 6 Months Ago: | 02/2015 | \$4,371.70 | \$900.00 | \$3,471.70 |
| 5 Months Ago: | 03/2015 | \$3,718.35 | \$900.00 | \$2,818.35 |
| 4 Months Ago: | 04/2015 | \$2,277.50 | \$900.00 | \$1,377.50 |
| 3 Months Ago: | 05/2015 | \$3,447.45 | \$900.00 | \$2,547.45 |
| 2 Months Ago: | 06/2015 | \$6,975.20 | \$900.00 | \$6,075.20 |
| Last Month: | 07/2015 | \$6,227.42 | \$900.00 | \$5,327.42 |
| | Average per month: | \$4,502.94 | \$900.00 | |
| | | | Average Monthly NET Income: | \$3,602.94 |